



IN THE UNITED STATES PATENT AND TRADEMARK OFFICE



22469

PATENT TRADEMARK OFFICE

Art Unit : 3731
Examiner : Gwen G. Phanijsphand
Serial No. : 09/917,385
Filed : 7/27/01
Inventors : Lisa A.G. Tweardy

Docket No.: 1461-R-00

Title : CERAMIC-TIPPED
: SKULL PINS

Confirmation No.: 9974
Dated: October 14, 2002

Commissioner for Patents
Washington, DC 20231

Sir:

Certificate of Mailing Under 37 CFR 1.8

For

Postcard
\$55.00 Check

Claim of Extension of Time for Response, in duplicate
Amendment Transmittal Letter, in duplicate
Amendment

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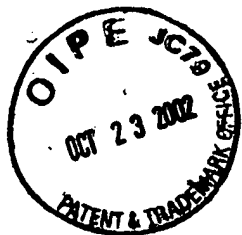
Name of Applicant, Assignee, Applicant's Attorney
or Registered Representative:

Schnader Harrison Segal & Lewis
Customer No. 022469

By:

Date:

15 October 2002



Attorney Docket No.: 1461-R-00

In re Application of

Serial No.: 09/917,385

Filed: 7/27/01

For: CERAMIC-TIPPED SKULL PINS

COMMISSIONER FOR PATENTS
Washington, DC 20231

Sir:

Transmitted herewith is an Amendment in the above-identified application.

- ☐ Small entity status of this application under 37 CFR §1.9 and §1.27 has been established by a verified statement previously submitted.
- ☐ A verified statement to establish small entity status under 37 CFR §1.9 and §1.27 is enclosed.
- ☒ No additional fee is required.

The fee has been calculated as shown below:

(Col. 1)

(Col. 2) (Col. 3)

SMALL ENTITY

OTHER THAN
SMALL ENTITY

	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NO. PRE- VIOUSLY PAID FOR	PRESENT EXTRA
TOTAL	15*	-	** 20 =	
INDEP.	3*	-	*** 3 =	
First presentation of multiple dependent claim				

RATE	ADD'L FEE
x 9=	\$
x42=	\$
+140=	\$

OR

RATE	ADD'L FEE
x18=	\$
x84=	\$
+280=	\$

TOTAL ADDITIONAL FEE \$0 OR \$

- * If the entry in Col. 1 is less than the entry in Col. 2, write "0" in Col. 3.
- ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, write "20" in this space.
- *** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, write "3" in this space.

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found from the equivalent box in Col. 1 of a prior amendment or the number of claims originally filed.

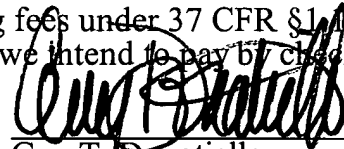
☐ Please charge my Deposit Account No. 13-3405 in the amount of \$ _____.
A duplicate copy of this sheet is enclosed.

☐ A check in the amount of \$ _____ is attached.

☒ The Commissioner is hereby authorized to charge payment of the following fees associated with this communication or credit any overpayment to Deposit Account No. 13-3405. A duplicate copy of this sheet is enclosed.

☒ Any filing fees under 37 CFR §1.16 for the presentation of extra claims.

☒ Any patent application processing fees under 37 CFR §1.17 with the exception of the Issue Fee which we intend to pay by check.



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